## PART B -FEE(S) TRANSMITTAL

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for maintenance fee notifications.						
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  30623  MINTZ LEVIN COHN FERRIS GLOVSKY AND POPEO, P.C. One Financial Center  Boston, Massachusetts 02111				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name)  (Signature)		
						(Date)
APPLICATION NO.	FILING DATE	FIRST NAN	MED INVENTOR		ATTORNEY DOCKET NO	O. CONFIRMATION NO.
10/723,240	11/26/2003	James	James V. Howard		38820-526002US	6031
TITLE OF INVENTION: SYSTEMS AND METHODS FOR MANAGING AND DETECTING FRAUD IN IMAGE DATABASES USED WITH IDENTIFICATION DOCUMENTS						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	NO	\$1,510.00	\$300.00		\$1,810.00	06/23/2010
EXAMI	EXAMINER		CLASS-SUBCLASS			
J. B. Strege  1. Change of correspondence address or indication of		2624	382-115000  2. For printing on the patent front pag			vin Cohn Ferris Glovsky and
Address" (37 CFR 1.363)  Change of corre Correspondence A  "Fee Address" ind form PTO/SB/47; Use of a Custome	r Change of 22) attached. ss" Indication ent) attached. attorneys o (2) the nam a registered up to 2 reg	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
L-1 Secure Credentialing, Inc.  Billerica, Massachusetts						
Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual X Corporation or other private group entity Government						
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):						
X Issue Fee	X Issue Fee A check in the			amount of the fee(s) is enclosed.		
X   Publication Fee (No small entity discount permitted)   X   Payment by credit card. Form PTO-2038 is attached.						
Advance Order -#		X The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0311				
5. Change in Entity Stat	us (from status indicate	d above)				
` .	s SMALL ENTITY stat	´ _	b. Applicant	is no longer o	claiming SMALL ENTITY	status. See 37 CFR 1.27(g)(2).
The Director of the USPTO is NOTE: The Issue Fee and Printerest as shown by the recon	ublication Fee (if required	d) will not be accepted from	anyone other than	oply any previ the applicant;	ously paid issue fee to the ap	plication identified above. nt; or the assignee or other party in
Authorized Signature	/ /////	4· 1 / 11/00 )	/		Date	June 22, 2010
Typed or printed name		Carol H. Peters			Registration No.	45,010